

Regional EMS Council Process Action Team Meeting
Hilton Garden Inn
Richmond, Virginia
February 26, 2008
9:00 a.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Gary P. Critzer , EMS Council Board President, PAT Chair	Jerry Overton , Urban Based EMS Service Representative	Scott Winston	Kent Weber, TEMS/Virginia Beach EMS
Dr. Rob Logan , EMS Council Executive Director		Wanda Street	Bill Downs, TJEMS
Tina Skinner , EMS Council Executive Director		Mike Berg	Jeff Meyer, PEMS
Dr. Scott Weir , Operational Medical Director			Connie Purvis, BREMS
Dr. Jack Potter , Designated Trauma Center Representative			Melinda Duncan, NVEMS
Dr. Theresa Guins , Physician Member of EMS Advisory Board			David Cullen, CSEMS
Donna Burns , EMS Council Board President			Heidi Hooker, ODEMSA
Dreama Chandler , VAVRS President			Asher Brand, CSEMS
Randy Abernathy , VAGEMSA President			Tracey McLaurin, LFEMS
Chris Eudailey , Virginia Fire Chief's Assoc. President *			
Scott Hudson , Rural Based EMS Service Representative			
Bruce Edwards , EMS Advisory Board Member			
Jason Campbell , Virginia Professional Fire Fighter/VML Representative			
Gary R. Brown , OEMS Director			
Dr. Lisa Kaplowitz , Virginia Department of Health (ex-officio member)			
Tim Perkins , OEMS Staff to PAT			

* CORRECTION

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order:	<p>The meeting was called to order by the chair, Mr. Gary Critzer, at 9:01 a.m. Mr. Critzer gave everyone a copy of the State EMS Advisory Board Code of Ethics and encouraged the committee to read this and abide by it.</p> <p>Since Donna Burns was not present at last night's meeting, Mr. Critzer allowed her to introduce herself and tell what she hoped to achieve through this group. Ms. Burns stated that she hoped the group could find out why we are here.</p>	
Review of the Regional EMS Council Study:	<p>Per Tim, in the back of the binders is the 2006 Open Forum from the ASMI study. An RFP was developed and through the competitive process, the committee selected ASMI. They began the project in January 2007. The study incorporated a survey and interviews. There were many participants including some office staff and regional EMS staff. We received the draft in August of 2007 and we were tasked with going through it to verify that the information was factually accurate and we did that. Then we received the final report on October 11, although it says August 2007. We distributed it and shortly thereafter, we developed a position paper on the report and on the recommendations. Kevin McGinnis made a presentation to the EMS Advisory Board in November 2007 at the state EMS Symposium. The slide show of that presentation is included in your binder.</p> <p>Gary Critzer asked Tim to give some of the highlights of the report that specifically deals with the realignment of the regions. Some of the things that were looked at were the communication/interaction patterns, shared resources, and patient flow. They also looked at the current system, the Virginia State Police and other Public Safety agency regions, Trauma Center locations and coverage areas, and DMAS regions. They recommended the combination of Central Shenandoah and Lord Fairfax, Northern Virginia and Rappahannock be combined, Blue Ridge and Thomas Jefferson be combined, Bath County be moved to Western Virginia, sub-regional offices in the Southwest region should be encouraged, sub-regional offices in the ODEMSA region be required, Fauquier County should become affiliated with the Northern Virginia sub-council of Rappahannock region as reconstituted, Orange County should be moved to the Thomas Jefferson region, and Buckingham County should be moved to the Thomas Jefferson region. As we indicated in our position paper, we didn't necessarily take a specific position on these recommendations.</p> <p>Bruce Edwards wants to know: Why are we here? What outcomes are we seeking? Is it an issue of what's best for the patient outcome? Is it a matter of efficiency? Is the OEMS tired of having 11 councils and rather have 6 or 8? What is the goal here in looking at these service areas?</p> <p>Per Tim, there is a system where people are doing similar jobs in various different ways. The goal is to bring the current level of service to a higher level than where it now exists. The goal is to have a more standardized way of doing business instead of eleven different ways.</p> <p>Can this standardization be done without realigning the regions? Give us an example of inefficiency. If you look at BREMS and Western, for example, they both operate differently in the processing of</p>	

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	<p>invoices or payroll. Couldn't this be standardized by having the same contractor do payroll for all the regions? We need to identify a specific problem list that needs to be fixed or changed. Everyone needs to have the problems identified so that they can be addressed effectively.</p> <p>Is it the desire of OEMS to shrink the system to make them more manageable? Also how can we standardize the drug boxes?</p> <p>Scott Weir pointed out that we need to first clearly define the goals and objectives of the regional councils, then, look at the strategies that we're utilizing to see if they meet our expectations. In areas that aren't being met, develop new strategies. Also, he stated that we should be wary and cautious of basing tactical strategy on the opinion surveys in which a relatively low amount of respondents answered. There was an 11% rate of return on the survey and that's a huge unaccounted for population. I would be very wary of basing anything other than hypothesis generation, meaning what we should think about and now let's get evidence to support this document.</p> <p>Dr. Kaplowitz reported that our health care system is fragmented and problematic, but it's the best that we have. She has a 20-year history in the health system. As you know, six years ago now, the hospitals have committed themselves to a regional plan. But the outcome has been outstanding. So what she's putting on the table is to think of the whole continuity of care. What struck Dr. Kaplowitz last night was the strong ties that PEMS has with the Riverside Health System. We need to look at the entire spectrum of care and can EMS make a difference there. Let's look at the big picture beyond EMS. Let's look at an example, patient tracking. We desperately need some patient tracking from the time you initiate care of the patient in the field through the entire time they are cared for in the health system including, unfortunately through the medical examiner's office. We need to be looking at this whole continuity of patient tracking for any number of issues, from the very beginning to the end.</p> <p>Gary Critzer commented, for years EMS has realized that they are a part of the health system; they haven't always felt like they were a part of the greater health system. We welcome the opportunity to be at the table with all the players and look at the entire spectrum of care. I don't think anybody would disagree with that.</p> <p>Per Rob, there have been some preliminary talks of collaboration with Southwest about things that we can do together. But, we were not going to combine. We looked at the protocols of drug boxes and some operational efficiency such as payroll processing. There are ways to address these things without actually merging or combining.</p> <p>Randy stated that the term "Best Practices" keep coming up in these reports. The question is; how do we get these 11 councils to employ these best practices without changing the regions.</p> <p>Let's begin by putting funding at the top of the list.</p>	

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	<p>We need to remove the fear of the unknown and learn to build trust.</p> <p>Dr. Kaplowitz reminded everyone that we are dealing with state money and the most effective use of the public dollars.</p> <p>Mike Berg shared his perspective on why we are where we are today. Mike has worked at the regional EMS council in the Tidewater area and was regional director for the Thomas Jefferson EMS council. In 2000, Governor Mark Warner issued an executive order requesting all state government agencies to review and consider realignment using the state police divisions as the model. There was a lot of discussion surrounding this issue. As a regional director, I was struggling with my region getting significantly less money than other regions. I was on the defensive and felt I wasn't being treated fairly. Then they hired someone to work with the contracts. When I came to work for the Office of EMS, they had already started working on the regional EMS council regulations. In 2004, JLARC conducted a comprehensive study of EMS in Virginia. So the regulatory process was picked up again and moved forward. Toward the end of the regulatory process, the Office of EMS and EMS Advisory Board approved a study by an independent consultant of the regional EMS councils. Coincidentally, the regulations governing regional EMS Councils establishing a designation process and the study came together at the same time. The realignment of the councils has been going on for the past 7 or 8 years. It was just put on hold. We got questioned by JLARC, laws have changed, business has changed, practices have changed, and we have some financial issues that need to be addressed. Look at it as an opportunity to make the system better. When the regulations were finally implemented in January 2008, the Office of EMS started looking at the areas that needed to be improved. Now is the opportunity to change what we can do better. I just wanted to share with you being a former employee of a regional EMS council and now my position with the state.</p> <p>After much discussion, it was decided that a list needed to be produced of the problems that need to be addressed, then we can work on addressing and/or fixing them.</p>	<p>Tim will put a list together of the problems that need to be addressed by the team.</p>
<p>Position of the Regional EMS Councils regarding proposed realignment – David Cullen:</p>	<p>We have made a concentrated effort not to take a stand as a group legislatively on anything that has been done thus far. We have directed our political consultant not to push one way or the other. Most regions are open to change. Some are not open to change. Please keep in mind that we do contract with the state, but we work for our customers and board members. I report to the people in my region. Some of us do a lot more than what's in the EMS contract.</p> <p>Per Gary Critzer the regional councils are on the agenda for the next meeting to provide presentations about the services they deliver. Gary Brown would like to know their comments concerning Map C; the benefits or negatives and why they feel that way.</p> <p>At the May 2008 EMS Advisory Board meeting, we will give a report of where we stand as of this point.</p>	<p>The regional EMS council directors will provide presentations at the next meeting advising of the services they deliver and their comments concerning Map C.</p>

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	It was discussed that the PAT should meet in the various regions to allow people to attend and comment during the public comment period.	
Next Steps:	The OEMS Website will be updated with the minutes of the meetings from the past few days.	
Next Meeting Date:	Thursday, March 20, 2008 at the Doubletree in Charlottesville. The meeting will begin at 10:00 a.m. and last until about 5:00 p.m. Lunch will be provided. There is a Town Forum being held that evening at 7:30 p.m.	
Public Comment Period:	<p>Rob wanted to know if the listserv will be available to everyone for public comment. It was decided to keep the listserv internal among the PAT. The comments will continue to be directed to Tim Perkins' email address.</p> <p>Jeff Meyer stated that he will be in Europe and cannot attend the next meeting. He asked if anyone had any questions or comments for him. No questions were asked.</p> <p>Gary Critzer stated that he appreciated all of the regional EMS Council directors being present and it is very important to have you here.</p> <p>Bill Downs asked if the regional EMS Council directors will be included on the listserv. He also stated that we are concerned with changes on the maps, specifically Map C. There were changes made that were not explained.</p>	At the next meeting, OEMS will make available for review copies of all of the letters and emails that has been received from the beginning of the public comment period.
Adjournment	The meeting was adjourned at 12 noon.	